

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16-31, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 29, 2005	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Housing Authority of the City of Fresno		Organizational Unit: Department: Planning & Development		
Organizational DUNS: 071870877		Division: ---		
Address: Street: 1331 Fulton Mall		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Fresno		Prefix: Ms	First Name: Kathleen	
County: Fresno		Middle Name		
State: CA		Last Name Paley		
Zip Code 93721	Suffix:			
Country: United States		Email: kpaley@hafresno.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000749		Phone Number (give area code) 559-443-8490		Fax Number (give area code) 559-443-8422
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N. Other Other (specify) Housing Authority		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Demolition and Revitalization of Severely Distressed Public Housing		9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Fresno		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Redevelopment of two contiguous public housing complexes, Funston Place and Funston Terrace, into a revitalized 473 unit mixed income, mixed finance rental community, and provision for Community Supportive Services to all current and future residents.		
13. PROPOSED PROJECT Start Date: October 1, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20		
Ending Date: September 30, 2010		b. Project 20		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 15,000,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 200,000.00	DATE:		
c. State	\$ 17,469,461.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ 2,000,000.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 37,470,332.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 72,139,793.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Edward	Middle Name L		
Last Name Stacy		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 559-443-8475		
d. Signature of Authorized Representative <i>Edward L. Stacy</i>		e. Date Signed		

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APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. Type of Submission</b> <i>Application</i> <i>Pre-application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. Date Submitted</b> (mm/dd/yyyy) <div style="text-align: center;">07/28/2005</div>	<b>Applicant Identifier</b>  
<b>3. Date Received by State</b> (mm/dd/yyyy)		<b>State Applicant Identifier</b>	
<b>4. Date Received by Federal Agency</b> (mm/dd/yyyy)		<b>Federal Identifier</b>	

<b>5. APPLICANT INFORMATION</b>	
Legal Name: State of California	Organizational Unit: Department of Aging
Address (give city, county, state, and zip code): 1600 K Street Sacramento, CA 95814	Name and telephone number of the person to be contacted on matters involving this application (give area code) Ms. Johnna Meyer (916) 322-0788

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>9 4</span> <span>6 0 0 1 3 4 7</span> </div>	<b>7. TYPE OF APPLICANT:</b> <i>(enter appropriate letter in box)</i> <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px auto; width: 30px;">A</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District            H. Independent School Dist.         </div> <div style="width: 45%;">           I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Nonprofit            O. Public Housing Agency            P. Other (Specify)         </div> </div>
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<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input checked="" type="checkbox"/> New    <input type="checkbox"/> Continuation    <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es): <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other (specify):</div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Labor, Employment and Training Administration
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around; margin-top: 5px;"> <span>1</span><span>7</span><span>.</span><span>2</span><span>3</span><span>5</span> </div> TITLE: Senior Community Service Employment Program	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> The Senior Community Service Employment Program will provide subsidized part-time opportunities in communities for low-income persons aged 55 and older, and will assist them in transitioning to unsubsidized employment
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<b>13. PROPOSED PROJECT:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Start Date (mm/dd/yyyy)            July 1, 2005         </div> <div style="width: 45%;">           Ending Date (mm/dd/yyyy)            June 30, 2006         </div> </div>	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           a. Applicant            California         </div> <div style="width: 45%;">           b. Project         </div> </div>
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<b>15. ESTIMATED FUNDING:</b> <div style="margin-top: 10px;">           a. Federal    \$7,481,025    c. State    \$2,024,000            b. Applicant    \$1,423,844    TOTAL    \$10,928,869         </div> <div style="border: 2px solid black; padding: 10px; margin-top: 20px; text-align: center;"> <b>RECEIVED</b>            JUL 29 2005            STATE CLERK HOUSE         </div>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy)    07/28/2005 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
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<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Typed Name of Authorized Representative Lora Connolly	b. Title Acting Director	c. Telephone number (916) 322-5290
d. Signature of Authorized Representative <div style="text-align: center; margin-top: 10px;"> </div>	e. Date Signed (mm/dd/yyyy) <div style="text-align: center; margin-top: 10px;"> </div>	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 28, 2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Point Reyes National Seashore Association		<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>   JUL 28 2005   <b>STATE CLEARING HOUSE</b> </div>		
Organizational DUNS: 945988517				
Address: Street: 1 Bear Valley Road				
City: Point Reyes Station				
County: Marin County		Organizational Unit: Department:		
State: California		Division:		
Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Zip Code CA 94956		Prefix: First Name: Gary		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-222894		Middle Name		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Last Name Knoblock		
Other (specify)		Suffix:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): North American Wetlands Conservation Act		Email: GaryK@PTReyes.org		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Marin County California		Phone Number (give area code) Fax Number (give area code) 415-663-1835 4156638174		
13. PROPOSED PROJECT Start Date: January 1, 2006		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) "O"		
Ending Date: December 31, 2007		9. NAME OF FEDERAL AGENCY: Fish and Wildlife Service		
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Coastal Marin Wetlands Restoration Project I		
a. Federal	\$ 999,007.00	14. CONGRESSIONAL DISTRICTS OF:		
b. Applicant	\$ 301,401.00	a. Applicant District 6 (California) b. Project District 6 (California)		
c. State	\$ 400,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local	\$ 90,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 28, 2005		
e. Other	\$ 3,139,783.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
f. Program Income	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
g. TOTAL	\$ 4,930,191.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name Middle Name Gary		
Last Name Knoblock		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 4156631835		
d. Signature of Authorized Representative		e. Date Signed July 28, 2005		

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/11/2005	Applicant Identifier 05-447
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: San Joaquin Valley Unified Air Pollution Control District	Organizational Unit: Department: Administration
Organizational DUNS: 786808394	Division: Administrative Services Division
Address: Street: 1990 East Gettysburg Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Fresno	Prefix: Mr.
County: Fresno	First Name: Fred
State: CA	Middle Name: O.
Zip Code: 93726-0244	Last Name: Bates
Country: USA	Suffix: Jr.
	Email: fred.bates@valleyair.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0262563	Phone Number (give area code) (559) 230-6020
	Fax Number (give area code) (559) 230-6063
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-001	9. NAME OF FEDERAL AGENCY: EPA - Region 9
TITLE (Name of Program): Air Pollution Control Program Support (105)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Clean Air Act Section 105
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, & Tulare County.	
13. PROPOSED PROJECT Start Date: 10/01/2005	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 0611, 0618, 0619, 0620, 0621, 0622
Ending Date: 09/30/2006	b. Project 0611 0618 0619 0620, 0621, 0622
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,917,855	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 7,477,681	DATE: 07/11/2005
c. State \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 9,395,536	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Mr.	First Name David
Last Name Crow	Middle Name L.
b. Title Executive Director / A.P.C.O.	Suffix
d. Signature of Authorized Representative	c. Telephone Number (give area code) (559) 230-6020
	e. Date Signed 07/11/2005

Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/31/2005	Applicant Identifier <b>R9 TRACKING # 05-390</b> XA-97972201-2	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: American Lung Association of Arizona, Tucson		Organizational Unit: Department: Lung Health Programs		
Organizational DUNS: 020141776		Division:		
Address: 2819 E. Broadway Blvd.		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix: Ms.		First Name: Donna
City: Tucson		Middle Name: Joyce		
County: Pima		Last Name: Bryson		
State: Arizona		Suffix:		
Zip Code: 85716		Email: dbryson@lungaz.org		
Country: U.S.A.				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 86-0111676		Phone Number (give area code) 520-323-1812		Fax Number (give area code) 520-323-1816
8. TYPE OF APPLICATION: X - New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) "O"  Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66.034  TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: EPA Region 9 <b>LOUISE HILL</b>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Pima, Santa Cruz, Cochise, Pinal, and Maricopa Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asthma Management Education		
13. PROPOSED PROJECT Start Date: 10/01/2005 Ending Date: 9/30/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Arizona District 7 b. Project AZ Districts 1,7,8		
15. ESTIMATED FUNDING: a. Federal \$12,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$12,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/25/05 b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix: Ms. First Name: Donna Middle Name: Joyce				
Last Name: Bryson		Suffix:		
b. Title Director of Lung Health Programs		c. Telephone Number (give area code) 520-323-1812		
d. Signature of Authorized Representative <i>Donna Bryson</i>		e. Date Signed 5/31/05		

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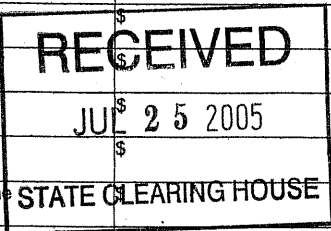
**APPLICATION FOR  
FEDERAL ASSISTANCE**

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<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5-31-2005	Applicant Identifier Tulare County Fire Department State Application Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier

<b>5. APPLICANT INFORMATION</b>	
Legal Name: Tulare County Fire Department	Organizational Unit: Department: Fire Department
Organizational DUNS: 099710811	Division:
Address: Street: 1968 South Lovers Lane	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Middle Name: Last Name: Sufffix: Email:
City: Visalia	Lisa Battalion Chief
County: Tulare	Email: LMarrone@fire.ca.gov
State: CA	Phone Number (give area code) 559-732-5954
Zip Code 93292	Fax Number (give area code) 559-636-4182
Country: USA	Other (specify)

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000545	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	<b>9. NAME OF FEDERAL AGENCY:</b> USDA United States Department of Agriculture
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-766 TITLE (Name of Program): Community Facilities Loans and Grants	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> F.R.I.S.C. Facility Repair and Improvement to Serve the Community
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Tulare County Communities: Cutler, Richgrove, Terra Bella, Ivanhoe, Earlimart	<b>13. PROPOSED PROJECT</b> Start Date: 10-1-2005    Ending Date: 9-30-2006
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 20    b. Project District 20	<b>15. ESTIMATED FUNDING:</b>
a. Federal \$ 37,150.00 b. Applicant \$ 13,050.00 c. State \$ .00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ 50,200.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-31-2005 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes if "Yes" attach an explanation. <input type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b> Prefix: Last Name: Hillman First Name: David Middle Name: Sufffix: b. Title: Chief c. Telephone Number (give area code): 559-732-5954 d. Signature of Authorized Representative: [Signature] e. Date Signed: 5-31-2005	



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED April 5, 2005	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:	Preapplication
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction

## 5. APPLICANT INFORMATION

Legal Name: <b>Woodlake Redevelopment Agency</b>	Organizational Unit:
Address (give city, county, State, and zip code): <b>350 N. Valencia Blvd. Woodlake, CA. 93286</b>	Name and telephone number of person to be contacted on matters involving this application (give area code)

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 — 6000458

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other(specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist. ☒ C  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify) \_\_\_\_\_

## 9. NAME OF FEDERAL AGENCY:

**USDA RURAL DEVELOPMENT**

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10 — 766

TITLE:

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**PURCHASE OF WOODLAKE AIRPORT PROPERTY**

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

**Woodlake, California 93286**

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date 6/1/05	Ending Date 12/31/05	a. Applicant <b>DEVIN NUNES</b>
----------------------	-------------------------	------------------------------------

b. Project <b>DEVIN NUNES</b>
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## 15. ESTIMATED FUNDING:

a. Federal	\$ 650,000.	.00
b. Applicant	\$	.00
c. State		.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ 650,000.	0.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE \_\_\_\_\_

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <b>William Lewis</b>	b. Title <b>City Administrator</b>	c. Telephone Number <b>(559) 564-8055</b>
d. Signature of Authorized Representative	e. Date Signed <b>4/22/05</b>	



1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
				4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION							
Legal Name: County of Tulare				Organizational Unit: Office of the District Attorney			
Address (give city, county, State, and zip code): 221 So. Mooney Blvd. Rm. 224 Visalia, CA 93291				Name and telephone number of person to be contacted on matters involving this application (give area code) Katie Wallace (559) 624-1054			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 5 4 5				7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ <b>B</b>			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____				9. NAME OF FEDERAL AGENCY: USDA			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 — 7 6 6 TITLE: Community Facilities Grant Application				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Agricultural Surveillance Tower *(M.A.S.T.)			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County							
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:					
Start Date 7/1/05	Ending Date 6/30/06	a. Applicant 19, 20, 21			b. Project 19,20, 21		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/10/05					
b. Applicant		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
c. State		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?					
d. Local		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
e. Other							
Program Income							
f. TOTAL							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
Type Name of Authorized Representative Phil Cline				b. Title District Attorney		c. Telephone Number (559) 733-6411	
Signature of Authorized Representative						e. Date Signed 6-13-05	

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

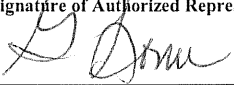
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>May 27, 2005</u>		Applicant Identifier <u>05-391</u>	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
6. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: <u>Prescott Joseph Center for Community Enhancement</u>		Organizational Unit:		Department: <u>West Oakland Asthma Coalition</u>	
Organizational DUNS: <u>843093639</u>		Division:			
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: <u>920 Peralta</u>		Prefix: <u>Ms</u>		First Name: <u>Mary</u>	
City: <u>Oakland</u>		Middle Name: <u>Louise</u>			
County: <u>Alameda</u>		Last Name: <u>Frazier</u>			
State: <u>CA</u>		Suffix: <u>RN cell 925/899-7670</u>			
Zip Code: <u>94612</u>		Email: <u>mfrazier13@yahoo.com</u>			
Country: <u>USA</u>		Phone Number (give area code)		Fax Number (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-3240535</u>		<u>925-376-3895</u>		<u>925-376-3896</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>0 - Non-profit</u> Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66-034</u>		9. NAME OF FEDERAL AGENCY: <u>US EPA</u>			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Oakland, Berkeley - Alameda, CA</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Implementing Tools for Schools in Seven Schools</u>			
13. PROPOSED PROJECT Start Date: <u>9/15/05</u> Ending Date: <u>Oct 05</u> <u>10/05 June 06</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>9th District - Barbara Lee</u> b. Project:			
15. ESTIMATED FUNDING: a. Federal: <u>7,000 -</u> b. Applicant: \$ c. State: \$ d. Local: \$ e. Other: \$ f. Program Income: \$ g. TOTAL: <u>7,000</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>7/21/05</u> b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Authorized Representative Prefix: <u>Burns</u> First Name: <u>Washington</u> Middle Name:		b. Title: <u>Director</u>		c. Telephone Number (give area code): <u>510-208-5651</u>	
Last Name: <u>Burns</u>		Suffix: <u>MD</u>		d. Signature of Authorized Representative: <u>Washington Burns MD</u>	
Previous Edition Usable Authorized for Local Reproduction		e. Date Signed: <u>27 May 05</u>			

Standard Form 424 (Rev.9-2003)  
OMB Circular A-102

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GMO, PMD-7

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION: <i>Application</i> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name <b>Los Angeles County Metropolitan Transportation Authority</b>			Organizational Unit: <b>Programming and Policy Analysis</b>		
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>			Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>		
8. TYPE OF APPLICATION:  x New <input type="checkbox"/> Continuation    Revision  If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)			A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District    N Other (Specify) _____		
			<b>State Chartered Transit District</b> 9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 507</b> <b>TITLE 49 U.S.C. § 5309</b>			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: <b>CA-03-0702 - Bus Acquisition</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>City and County of Los Angeles, CA</b>			<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg); display: inline-block;"> <b>RECEIVED</b>  <b>JUL 25 2005</b>  <b>STATE CLEARING HOUSE</b> </div>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date  <b>06/30/06</b>	Ending Date  <b>06-30-2010</b>	a. Applicant  25 through 39, 42, 46		b. Project  <b>Same as Applicant</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a Federal	\$ 5,151,365	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>07/25/05</u>  b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b Applicant	\$ .00				
c State	\$ .00				
d Local	\$ 1,869,178				
e Other	\$ .00				
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No			
g TOTAL	\$ 7,020,543				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a Typed Name of Authorized Representative  <b>GLADYS LOWE</b>			b Title Director Regional Program Management		c Telephone number  <b>(213) 922-2459</b>
d. Signature of Authorized Representative 			e. Date Signed  <b>7-21-05</b>		

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 15, 2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY July 15, 2005	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: March Joint Powers Authority Redevelopment Agency		Organizational Unit: Department:	
Organizational DUNS: 799839428		Division:	
Address: Street: P.O. Box 7480		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Moreno Valley		Prefix: Ms.	First Name: Lori
County: Riverside		Middle Name M.	
State: California		Last Name Stone	
Zip Code 92552	Suffix:		
Country: USA		Email: stone@marchjpa.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0579359		Phone Number (give area code) (909) 656-7000	Fax Number (give area code) (909) 653-5558
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Moreno Valley, Perris, Riverside and County of Riverside, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asbestos removal/disposal followed by building demolition to enable economic development of a former military base.	
13. PROPOSED PROJECT Start Date: September 19, 2005 Ending Date: March 30, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant March JPA Redevelopment Agency b. Project Arnold Heights	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 387,700.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/15/05	
b. Applicant	\$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0.00		
g. TOTAL	\$ 387,700.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Phillip	Middle Name A.	
Last Name Rizzo		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (951) (951) 656-7000	
d. Signature of Authorized Representative <i>Phillip A. Rizzo</i>		e. Date Signed July 15, 2005	

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Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

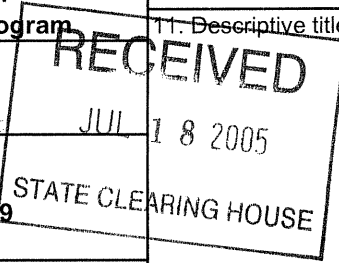
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 13, 2005	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: CITY OF RIO VISTA		Organizational Unit: Department:		
Organizational DUNS: 062/689/489		Division:		
Address: Street: ONE MAIN STREET City: RIO VISTA County: SOLANO State: CALIFORNIA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: BRAD Middle Name: Last Name: BAXTER Suffix:		
Zip Code: 94571		Email: bbaxter@ci.rlvista.ca.us		
Country:		Phone Number (give area code) 707-374-6451		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000404		Fax Number (give area code) 707-374-6083		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AWOS; remove obstructions; aircraft parking apron (design); ALP and Property Map; perimeter road and fencing.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Rio Vista		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Dan Lundgren—3rd District b. Project Dan Lundgren—3rd District		
13. PROPOSED PROJECT Start Date: September 2005 Ending Date: September 2008		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 13, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 241,500 b. Applicant \$ 600 c. State \$ 12,100 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 254,200		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes (if "Yes" attach an explanation.) <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix MR. First Name BRAD Middle Name Last Name BAXTER Suffix b. Title CITY MANAGER c. Telephone Number (give area code) 707-374-6451 d. Signature of Authorized Representative e. Date Signed				

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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier															
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier															
<input checked="" type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier															
<b>5. APPLICANT INFORMATION</b>																			
Legal Name: SIERRA COUNTY (CALPINE) WATERWORKS DISTRICT #1			Organizational Unit: Department: CALPINE WATER BOARD																
Organizational DUNS:			Division:																
Address: Street: BOX 25 City: CALPINE County: SIERRA State: CALIFORNIA Zip Code: 96124 Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: ROBERT Middle Name: BRUCE Last Name: BAGLEY Suffix: Email: SRUNIFORM@SBCGLOBAL.NET																
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> □□-□□□□□□□□			Phone Number (give area code) 707-545-3766 Fax Number (give area code) 707-545-3516																
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G Other (specify)																
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): WATER AND WASTE DISPOSAL PROGRAM 10-760			<b>9. NAME OF FEDERAL AGENCY:</b> USDA RURAL DEVELOPMENT																
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): TOWN OF CALPINE, SIERRA COUNTY, CALIFORNIA			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> BRING UP TO DATE RESIDENTIAL WATER CONSUMPTION AND FIRE SUPPRESSION REQUIREMENTS.																
<b>13. PROPOSED PROJECT</b> Start Date: 6/2006 Ending Date: 6/2007			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 4TH b. Project 4TH																
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 700,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ .00</td> </tr> <tr> <td>c. State</td> <td>\$ .00</td> </tr> <tr> <td>d. Local</td> <td>\$ .00</td> </tr> <tr> <td>e. Other</td> <td>\$ .00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ .00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 700,000.00</td> </tr> </table>			a. Federal	\$ 700,000.00	b. Applicant	\$ .00	c. State	\$ .00	d. Local	\$ .00	e. Other	\$ .00	f. Program Income	\$ .00	g. TOTAL	\$ 700,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$ 700,000.00																		
b. Applicant	\$ .00																		
c. State	\$ .00																		
d. Local	\$ .00																		
e. Other	\$ .00																		
f. Program Income	\$ .00																		
g. TOTAL	\$ 700,000.00																		
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																			
a. Authorized Representative																			
Prefix		First Name ROBERT		Middle Name BRUCE															
Last Name BAGLEY		Suffix																	
b. Title BOARD CHAIRMAN		c. Telephone Number (give area code) 707-545-3766 OR 530-994-3739																	
d. Signature of Authorized Representative Robert Bruce Bagley		e. Date Signed 7/14/2005																	

<b>Application for Federal Assistance</b>		2. Date Submitted <b>June 9, 2005</b>	3. Applicant Identifier <b>1671</b>
1. Type of Submission Application Application <input type="checkbox"/> Constuction <input checked="" type="checkbox"/> Non-Constuction		3. Date received State	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. Date received by Federal Agency: <b>June 9, 2005</b>	Federal Identifier <b>CA-90-Y344</b>
5. Applicant Information			
6. Legal Name: <b>San Mateo County Transit District (samTrans)</b>			
Address (give city, county, state, and zip) <b>1250 San Carlos Avenue P. O. Box 3006 San Carlos, San Mateo County California 94070-1306</b>		Name and telephone of contact person (give area code) <b>Fabian Favila, (650) 508-6388</b>	
6. Employer Identification Number (EIN): <b>9 4 3152903</b>		7. Type of Applicant (enter appropriate letter in box) <b>G</b>	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increase Award D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: <b>20507</b> <b>Section 5307 Program</b>		9. Name of federal Agency: <b>Federal Transit Administration (FTA)</b>	
12. Areas affected by project: <b>San Mateo County</b>		11. Descriptive title of applicant project <b>FY 2005 Capital and Operating Assistance:</b> 1) Bus Replacement <30 FT Bus-10 El Dorados 2) Rehab/Renovate-ADA Vehicle Equipment-Wheelchair Lifts 3) Bus Catalyst Devices 4) Operating Assistance Regional Express Bus	
13. Proposed Project Start Date: <b>09/30/2004</b> End Date: <b>05/15/2009</b>			
15. Estimated Funding			
a. Federal	<b>\$2,887,140</b>	14. Congressional Districts of:	
b. Applicant		a. Applicant	b. Project
c. State		<b>12 &amp; 14</b>	<b>12 &amp; 14</b>
d. Local	<b>\$576,300</b>		
f. Program Income		16. Is application subject to review by state executive 12372 process? <b>Yes</b>	
e. Other		a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date: <b>7/12/2005</b>	
g. TOTAL	<b>\$3,463,440</b>	b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.			
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative <b>Michael J. Scanlon</b>		b. Title <b>General Manager/CEO</b>	c. Telephone Number: <b>(650) 508-6221</b>
d. Signature of Authorized representative <i>George Cameron for Michael J Scanlon</i> Chief Administrative Officer		e. Date Signed <b>7/14/05</b>	